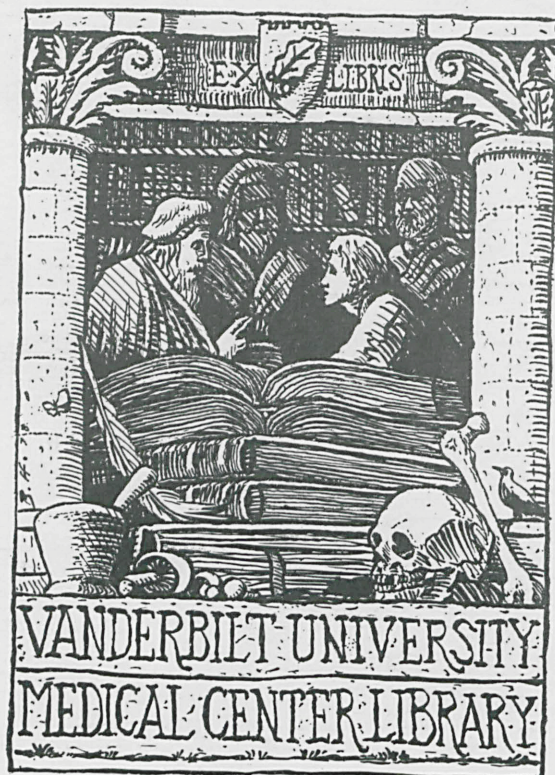


Appalachian Student Health Coalition.  
Final report, September 1976-  
August 1977.

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## ACKNOWLEDGMENTS

The amount of time, effort and money that goes into a student project of this size is enormous. It is virtually impossible to thank all of our supporters individually. However, we would like to express our sincere appreciation and thanks to:

--The Board of Directors of the Center for Health Services, who offer continued support and stability for the numerous student projects related to the Center. In particular we thank Dick Co. September 1976-August 1977, guidance and patience.

--The Robert Wood Johnson Foundation, the Herbert and Betty Paulson Foundation, the Dewitt Wallace Foundation, the American Medical Student Association, the students, alumni and physicians of Vanderbilt University, Elizabeth Workman, Rita Isherwood and the Office of Development, the Project Screening Committee, and Tom Barnes, all of whom made this project financially feasible.

--Chancellor Alexander Heard and Vice-President Vernon Wilson for their support and  
Center for Health Services  
Vanderbilt University  
Nashville, Tennessee

--The two nurse practitioners and eighteen physicians who drove many miles to provide preceptor coverage at the Health Fair.

--The students who worked long hours.

--The families who opened their homes.

--And, finally, the communities, who have been and continue to be the true source of inspiration for this project.



FINAL REPORT

APPALACHIAN STUDENT HEALTH

September 1976-August 1977

Center for Health Services  
Vanderbilt University  
Nashville, Tennessee

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## I. INTRODUCTION

The Appalachian Student Health Coalition (ASHC) was started in 1968 with the goal of improving health in rural Appalachia. The earliest outreach of the program consisted of a handful of medical students who traveled through East Tennessee observing the needs of the area and passing out health education literature and advice from the back of a station wagon. Over the years the organization gained respect and support from numerous foundations and governmental agencies. Within three years the project grew substantially: from a staff of five and a budget under ten thousand dollars to a staff of over fifty and a budget of one hundred fifty thousand dollars. However, over the past three years, the time limitation of foundation grants, the dissolution of the Regional Medical Program in 1975 and the withdrawal of technical assistance of the Tennessee Valley Authority in 1977 have resulted in a greatly decreased budget; but, much to the credit of the people involved with the ASHC, not in the scope or outreach of the project.

In 1977 five communities with a desire to improve health care, thirty-one students, seventeen physicians, two nurse practitioners and two physicians assistants pooled their knowledge, skills, and devotion to address the problems of inadequate health care in rural communities. The five communities were: Copperhill, Tennessee; Clairfield, Tennessee; Frakes, Kentucky; Meadowview, Virginia and Ashland City, Tennessee. The students were medical, nursing, law



and arts and science students from Vanderbilt, Duke, Rush, Rutgers and Yale Universities and the Universities of Notre Dame, the South, Tennessee and Virginia. The physicians and nurse practitioners were from the Vanderbilt Medical Center in Nashville, Erlanger Hospital in Chattanooga and concerned physicians, physicians assistants, and Public Health Departments in and around the involved communities.

In addition to addressing the problem of inadequate health care, the ASHC was asked to assist communities in dealing with other problems which affect the well being of communities. In 1977 these included: high school counseling in health careers; coordinating health education in primary care clinics; nutritional counseling; water testing and strip mining research; coal taxation research; and research of monies available for education.



## II. IDENTIFICATION OF NEEDS AND OBJECTIVES

Statistics published by the Tennessee Department of Public Health in 1975 reveal the existence of many health problems in rural Tennessee: thirteen counties have a postneonatal death rate of 12.0 or more per 1,000 live births; childhood immunizations in East Tennessee are as low as 35.1 percent; twelve counties have no general bed hospital; and even more have inadequate doctor-patient ratios, many within the 1:5,000 - 1:18,000 range.

Generally, the ASHC project is aimed at aiding communities in identifying causes of the above problems, considering possible solutions and implementing change to facilitate practical solutions. However, the problems, needs and resources of each community are different; the Coalition greatly encourages community identification of problems as well as local involvement in the establishment of short and long term goals.

The specific problems that communities asked the ASHC for assistance with were:

Copperhill, Tennessee

In 1976 the ASHC was invited by the International Chemical Workers' Union (ICWU), Local #401 to hold a Health Fair in Copperhill. The turnout by union members, their growing concern of occupational hazards and the increased interest of community people in primary health care resulted in our being asked to come back in 1977. The local leaders felt that our work would give the employees of Cities Service an opportunity to consider the implications of their work on their health and also raise consciousness about current health issues so that the local citizens



would have more input into a new community hospital that was opening in nearby Blue Ridge, Georgia.

Clairfield, Tennessee and Frakes, Kentucky

State statistics reveal that over forty percent of the families in Claiborne County, Tennessee and Bell County, Kentucky have incomes below the poverty level. In the summer of 1969 and 1970 the ASHC visited Clairfield in Claiborne County and Frakes in Bell County. As a result of the initial interest in health care sparked by the Coalition's work and the commitment and tenacity of the local citizens, each of these towns now operates a community controlled primary health care clinic. However, the staff of the clinics felt that many families in the area were not aware of the services offered. It is the general consensus of people in this country that health facilities are only for "sick" people and this feeling is even more prominent in isolated communities where, for years, adequate health care has not just been a luxury, but often an impossibility. Therefore, the clinic staffs asked the ASHC to hold health fairs in the clinics. They felt that the impact of our return coupled with the free services offered could draw new families to the clinic, as well as allow regular supporters the opportunity to reevaluate the role the clinic needed to play in the communities.

Meadowview, Virginia

After hearing of work done by the ASHC during 1973-76 in southwestern Virginia, a group of concerned citizens around Meadowview formed the Washington County Health Collective (WCHC).



The group wrote the ASHC requesting a meeting with the co-directors to discuss the health care problems of the area. At this time we learned that the four general practitioners in the area had stopped seeing those obstetrical patients who could not pay four hundred dollars before any prenatal care was given. If these women had not paid in full they were denied admission to the local hospital in Abingdon. As a result of this, most of the women traveled forty to sixty-five miles to Bristol or Johnson City, Tennessee for their prenatal care and labor and delivery. Due to these circumstances some women could not get adequate prenatal care, while those who did risked the chance of not making it to the hospital in time to deliver. The community concern over this problem generated a great deal of interest in alternative health care models. The WCHC asked our assistance in helping to organize the local citizens around this issue in particular and primary health care in general.

#### Ashland City, Tennessee

The people of Ashland City can drive roughly sixty-five miles to a tertiary care center, namely, Vanderbilt Medical Center; however, for everyday health care they encounter problems. According to the Tennessee Department of Public Health, the doctor-patient ratio in Cheatham County in 1975 was 1:15,400. Since then the county has grown, but there is still only one physician in the entire county.

A meeting with local citizens early in the year revealed an increasing awareness by the community of the paucity of primary health care services and a desire to coordinate community efforts to deal with this problem. The Coalition offered to use the



skills of its members and the experience of the past to assist the residents in considering feasible solutions to their health care problems.

### Special Projects

Over the years the Special Projects sponsored by the ASHC are a result of requests by communities for assistance on particular problems. Unlike the problem of health care, where the Coalition aims first at a widespread and general consciousness raising and then narrows down to specifics, the Special Projects deal with a more well defined and specific community problem. Over the years the ASHC has responded to community requests for assistance in well water testing, special education development screening, engineering consults in the actual building of clinics, research of coal taxation and revenue sharing, paralegal training, and the establishing of a volunteer fire department and public library.

In 1977 the ASHC responded to the expressed needs of communities with the following special projects:

Health Careers Counseling in Claiborne and Polk Counties,  
Tennessee

Health Education in Primary Care Clinics in Anderson,  
Morgan and Scott Counties, Tennessee

Nutritional Counseling in Meadowview, Virginia

Water Testing and Strip Mining Research in Marion County,  
Tennessee

Coal Taxation Research in Marion County, Tennessee

Research of Land Taxation and Revenues available for Education in Polk County, Tennessee



### III. METHODS

#### Preparation

The new year for the ASHC begins in August when new co-directors are elected by the students of the ASHC. The co-directors devote themselves to the tasks necessary in preparing for the summer's work. These tasks are: fundraising; site selection; program design; and hiring and training of staff.

In 1977-78 three co-directors worked on these tasks throughout the school year and two carried the project through the summer. One was a second year medical student from Duke University who had worked the previous summer as a medical examiner, and took a year off to work with the ASHC. One was a graduate student in education at Peabody College who had worked the previous summer as an administrator of one of the Health Fairs, and one was a fourth year nursing student who had worked for two summers as a pediatric examiner.

The co-directors devoted the fall months to raising student awareness of the ASHC on the Vanderbilt campus as well as other universities throughout the country. The core group left over from last summer along with new members spent many weeks deciding which direction the ASHC should take and how we should respond to the needs of communities. Next, a grant proposal went through several revisions and was finally sent to numerous foundations whose interest lay in improved health care and community development.

Through the winter months student recruitment continued and specific site selection was begun. Visits to various communities and parleys with local leaders enabled the co-directors to assess



the needs of the communities as well as explain the purpose and resources of the ASHC.

Most of the spring was devoted to specific preparations. Interested students were interviewed and chosen. Site selection was completed. Contacts were made with local agencies, hospitals' physicians and Public Health Departments to inform them of the project and to establish a working relationship that would benefit the local community. The newly hired medical workers for the summer were trained by Vanderbilt physicians and veteran ASHC members in history taking and physical assessment. An ASHC History Weekend was held to orient the new members to past work of the projects and expose them to the areas that they would be working in. The last week of May consisted of a period of intensive medical orientation in which the medical examiners spent eight hours a day in lectures and clinical sessions perfecting their history taking and physical assessment skills. During this week community organizers were sent to the chosen communities to make initial preparations for the summer's work. That weekend the entire group went to Fall Creek Falls State Park for further orientation. At this time the community organizers spoke of the needs, assets and attitudes of the communities we would be visiting and what the local citizens expected of us. Much time was also devoted to discussing related issues, e.g., the problems of existing clinics, rights and benefits counseling and the impact of strip mining on affected communities. With this brief but intense orientation under our belts the work of the summer began.



### The Health Fairs

[ Since 1969 the Health Fair has been the primary event around which the community organizes.] The medical and nursing students who have been trained as examiners set up in a local community building (e.g., the local grammar school or union hall) to provide free multiphasic screening to the community. This screening includes height, weight, blood pressure, urinalysis, eye test, audiometry, hemtocrat, TB skin test, any needed immunizations against diptheria, pertussis, tetanus, polio, measles, mumps and rubella for the children, as well as tetanus boosters for the adults. Also, any indicated lab work such as chest X-rays, urine cultures, complete blood counts, electrolyte balance, blood glucose, thyroxine levels and liver profiles are paid for by the ASHC. Pap smears, gonorrhea cultures and VDRL's are done free by the local county Health Department or Vanderbilt Medical Center. The medical examiner takes a complete medical history, performs the physical and then consults with the precepting physician concerning the findings and treatment of the case. Every patient is discussed with and/or seen by a licensed physician before leaving the Health Fair.

In addition to the medical assistance offered, the Health Fair has two law students who screen the participants for possible legal problems. Medical examiners refer patients to the law students for rights and benefits counseling regarding Medicaid, Medicare, Workmen's Compensation, Food Stamps, Disability and a host of other health related problems.



### Follow-Up

After the ASHC had spent two weeks in each community (only one week in Clairfield and Frakes), it returned to the communities for a week of follow-up. During this time problems that were identified during the Health Fair were referred to local physicians, Public Health Departments or Vanderbilt Medical Center for needed care. This time was also used to raise community interest in its health problems and encourage attendance at a local public meeting to discuss possible solutions. Demographic data obtained from the Health Fair participants was compiled and presented to the local leaders.

### Community Organization

Students with the ASHC whose primary interests lie in community work live and work in the individual communities for the entire summer. The job of these community workers is to make preparations for the health fairs, see that families who need the services offered by Health Fairs are brought there, and work closely with local leaders to coordinate community interest and energies so that a concerted effort can be made to solve the health care problems.]

The opportunity for the free and complete physical exam is quite an attraction for the local citizens. They come for many different reasons: some because they cannot afford regular check-ups; others because transportation to a health care facility is a problem; some have already been to three specialists regarding a problem and see the ASHC as a fourth "educated" opinion; and many come because of curiosity. The initial attitude of the community is usually one of skepticism, but after experiencing the Health



Fair the general attitude is that of respect for the ASHC workers and pride in the community for sponsoring the Health Fair.

This change in attitude is evidence of the effectiveness of the Health Fair strategy. The Health Fair is designed to accomplish two things: (1) identify health problems in the area; and (2) act as a stimulus for community organization. The assessment of health problems lies in the hands of the medical examiners. The documentation of common health problems enables the community to identify its health care needs. The organization of the community lies primarily in the hands of the two ASHC community workers and the local leaders. From the first meeting with the ASHC co-directors to the last day the ASHC community workers are in town, the project goal is to concert local efforts in solving the community problems. This is not to say that the ASHC members refrain from expressing their opinions on controversial issues, nor do we refuse to give advice gleaned from past experiences with similar situations; but in the final decision-making process dealing with what the community is actually going to do about its health care problems, the ASHC members step back and let the ideas of the community develop.

Citizens are first called upon to respond to the local needs by helping with the mechanics of the Health Fair. Housewives, high school students and senior citizens help with registration, heights and weights, and vision and hearing screening. Local groups and churches furnish food and drinks for the Health Fair workers. These supportive jobs put the people in touch with the core group of citizens who originally approached the ASHC for help. Names and



phone numbers of participants are collected. In each community a survey is taken to see what attitudes the local people have toward health care in the area. With these initial contacts made, a public meeting is held during the week of follow-up. The meeting allows for exchange of ideas as to what the community can do about its health care needs and consolidation of forces. In the past community members have formed Health Councils. This Council carries the responsibility of making the initial strides necessary in solving the health care delivery problems. The Council can begin the organization of a local county ambulance service or the formation of a community run health clinic. These involve many preliminary steps such as drawing up a charter, becoming incorporated and approaching private foundations and governmental agencies for money. Some communities have done all of the above actions and begun the actual building of the clinic within a year of the ASHC's first visit. Others are still debating what solutions are best for their communities three to five years after the ASHC's visit. And still others feel that there are more pressing needs of the community that must be dealt with before health care. It is the responsibility of the ASHC to respect these community decisions.

### Special Projects

The methods of the Special Projects vary greatly as do the needs of communities and the creativeness of the individual students working on the project. Usually the Special Projects worker lives in the community and works closely with a few local residents. An objective of the Projects is that sufficient skills and knowledge be passed on to local residents, so that when the student returns



to school, the community will still be able to address the problems and move toward a solution. The results of the 1976-77 Special Projects are considered in the next section.

### Copperhill, Tennessee

When we arrived in Copperhill, the International Chemical Workers' Union (ICWU) Local 4401 had been on strike for ten weeks. Union members were receiving twenty-five dollars a week in strike benefits and to help with food costs, ASHC members paid the families they stayed with fifteen dollars a week. The Health Fair was held in the union hall and the examiners saw mostly union members, but a number of wives and children as well as a few non-union members were also seen. The number of people examined was 356. The Coalition picked up a number of specific problems including a child with leukemia, four women with abnormal Pap smears, a woman with a thyroid nodule, two patients with hyperglycemia, glucose and ketonuria, and several patients with untreated hypertension. Immunization deficiencies were created at the Health Fair and referred to the Polk County Health Department for follow-up. However, besides the specified problems the main concern of the community was the number of workers with hearing loss, decreased lung function and skin irritation. Dave Morrow, the community organizer, collected employment data to corroborate the supposition that these problems were directly related to the individual's working conditions in the Cities Service plants. Contacts were made with the Tennessee Occupational



#### IV. EVALUATION

The true impact of the ASHC project on various communities is difficult to evaluate at the summer's end. However, an effort is made here to evaluate what actually was accomplished and how this will affect the communities.

##### Copperhill, Tennessee

When we arrived in Copperhill, the International Chemical Workers' Union (ICWU) Local #401 had been on strike for ten weeks. Union members were receiving twenty-five dollars a week in strike benefits and to help with food costs, ASHC members paid the families they stayed with fifteen dollars a week. The Health Fair was held in the union hall and the examiners saw mostly union members, but a number of wives and children as well as a few non-union members were also seen. The number of people examined was 356. The Coalition picked up a number of specific problems including a child with leukemia, four women with abnormal Pap smears, a woman with a thyroid nodule, two patients with hyperglycemia, gluco- and keto-uria, and several patients with untreated hypertension. Immunization deficiencies were treated at the Health Fair and referred to the Polk County Health Department for follow-up. However, besides the specific problems the main concern of the community was the number of workers with hearing loss, decreased lung function and skin irritations. Dave Morrow, the community organizer, collected employment data to corroborate the supposition that these problems were directly related to the individual's working conditions in the Cities Service's Plants. Contacts were made with the Tennessee Occupational



Safety and Health Administration (TOSHA) and the Mining Enforcement Safety Administration (MESA). During the week of follow-up a public meeting was held and interested citizens talked about solutions to their problems. A major concern of these citizens was the fact that the three physicians in the area had contracts with Cities Service. The concerned citizens discussed the possibility of recruiting a union doctor. A tour of the new community hospital in nearby Blue Ridge, Georgia, and constant reminders of community support were offered by the local citizens in attempts to recruit our medical students for practice in the area after graduation.

It is important to understand what else was going on in Copperhill this summer. There are roughly two thousand men in the region in and around Copperhill. With the exception of the few local merchants, just about every male is employed by the huge Cities Service plants in Copperhill. As was stated earlier the ICWU Local #401 had been on strike for ten weeks when we arrived. By the time we returned for follow-up, the strike had gone into its sixteenth week. The strikers were now only receiving ten dollars per week in strike benefits. Negotiations with the company took the form of many heated discussions in Atlanta, Georgia, which resulted in refusal by the union leaders to ratify the proposed contract. In addition to the strained relations between the union and the company management, tension was also high within the union itself. Elections of union officers were held in July and the strike dragged on through the entire summer with ratification of a contract coming in the fall. Needless to say, it was the strike and contract ratification that took precedence in the minds of community people. However, the present union leadership is very concerned with improvement of



health care in the area and a core group of about ten people were left with the responsibility of pursuing avenues which could improve health care delivery in the area. Contacts with TOSHA, MESA, the regional Health Department office in Chattanooga concerned with primary health care clinics and other primary health care clinics in East Tennessee were left with the core group of interested citizens.

It is the belief of this year's co-directors that the ASHC as a group not return to Copperhill. In terms of medical screening the ASHC has done as much as it can in the community. We feel that the real need of the community is to arrive at a commitment for further work with TOSHA and MESA and the new community hospital. We would recommend that a student be sponsored to work with those citizens whose interests are in these areas to help develop more community organization and facilitate change in the working conditions. It must be cautioned that documenting health related problems in the plants will be a very long and tedious job and will undoubtedly require some outside help. The National Institute for Occupational Safety and Health (NIOSH) has previously tried to do this in the area, but terminated its study because it found that documentation of such problems was very difficult. However, the experience of coal miners with their health hazards and the organizational work done in the coal fields may prove to be helpful when applied to the copper industry. In the spring of 1977 the Highlander Center in East Tennessee held a workshop for the union leaders to instruct them on the complexity of the problem and possible approaches to it. Now that the strike has settled, some follow-up in this area could be a special project for the ASHC in 1978.



Clairfield, Tennessee and Frakes, Kentucky

The staffs of the two community health clinics in Clairfield and Frakes did most of the work in preparing for the Health Fairs. During the three days of exams in Clairfield and two days in Frakes, one hundred and sixty-two men, women and children were examined. Roughly fifty percent of these people had not been to the clinic in over a year and twenty-five percent were new patients. The clinic staffs considered the Health Fairs to be a success in improving their outreach to the community. It was felt that the work by the ASHC enabled the staffs to make contact with local residents who could benefit from the services of the clinic and therefore help to improve utilization and outreach of the clinics.

Meadowview, Virginia

The two ASHC community organizers, Jeannie Jackson and Ellen Weiss, worked closely with the Washington County Health Collective and People, Inc. in preparing for the two week Health Fair in Meadowview. The Health Fair was held in an old grammar school which houses the offices of People, Inc., a community outreach organization. In ten days the ASHC had examined 736 people. These included people from every age and socioeconomic stratum from people on Medicaid to professors at the affluent Emory and Henry College; from Head Start children to senior citizens. The general health problems referred included: eye problems, hypertension, diabetes, cystitis, abnormal Pap smears, a woman with thyroid problems, a man with possible acromegaly, a girl with venereal disease and a man with possible cirrhosis of the liver. Children entering the Head Start program were given necessary immunizations



and women from the Senior Citizens groups received the first Pap smear they had had in twenty years or more, while for some it was their first ever. We had been asked to deal with the problem of pre-natal care and brought a nurse practitioner with a special interest in that area up for a couple of days to deal specifically with that problem. However, the response from the community, whether from lack of communication or lack of trust, was poor. We saw a total of three pregnant women and three post partum women.

When the ASHC returned for follow-up, a public meeting was held. Virtually every patient who had been through the Health Fair was called and informed of the meeting. Approximately fifty people turned out. The Washington County Health Collective had held preliminary meetings to discuss strategy for organizing the community and at the public meeting responsibilities for fundraising, research of alternative health care models, publicity, by-laws and technical assistance were delegated to interested community members. When the ASHC left in August the WCHC was planning to analyze the demographic data compiled by the Coalition and use this data in determining what health care model would best benefit the community.

Whether Meadowview would benefit from another Health Fair this year is undetermined at this point. Much has to do with the stage of development and degree of commitment the community has reached by the spring of 1978. The WCHC consists of a group of approximately ten educated people who have previous experience in community organization and fundraising. The degree of technical assistance that they might need might be better to come from neighboring community health councils in the area (e.g., St. Charles, Ewing, Duffield and



Dungannon) or the Clinic Development Project if it is functioning in the coming year.

Another important aspect to deal with in relation to our work in southwestern Virginia is the relationship with the local county medical societies. In the past years the ASHC has had varied relationships with these organizations--from strong support to strong opposition. Since the ASHC visited St. Charles, Virginia, in 1974, the local medical societies have been reluctant to acknowledge our physician coverage. Usually, the physician covering the Health Fair for the day is a member of the Vanderbilt Medical Center Faculty or Housestaff. The Virginia physicians contested the legality of this. Since the Vanderbilt physician is usually licensed in Tennessee, the local Virginia physicians stated that their supervising at the Health Fair in Virginia was illegal. Although members of the ASHC and faculty of the Vanderbilt Medical School felt that uncovering health problems and referring them to local physicians was not practicing medicine, efforts were made to rectify this situation. The ASHC cut back on any forms of "treatment" and no formal referrals were made. Instead the examiner explained to the patient what the patient's problem was and encouraged him to see a local doctor. Although we felt that was ineffective management of the patient since many did not even have a family doctor, it was our only recourse. To rectify the legal technicalities, Lewis Lefkowitz, Associate Professor of Preventive Medicine at Vanderbilt, applied for a Virginia license and the ASHC paid the one hundred and fifty dollars. When Dr. Lefkowitz was not present, local physicians who did not completely agree with the medical society's position provided



coverage, so that the Health Fair had licensed Virginia physician coverage at all times.

The new co-directors of the ASHC need to work with the Vanderbilt faculty and administration and the county medical societies in dealing with this problem. It is often a misunderstanding by local physicians that the ASHC will decrease the physicians' clientele. However, the ASHC aims to increase utilization of existing resources. The number of new patient health problems identified and referred actually increase patient visits to the local physician. Should the community decide on establishing a primary care clinic, this could result in decreased visits to the private physician or hospital for primary health care. However, the paucity of professional personnel in the communities visited by the ASHC indicates that they are already overloaded and a primary care clinic staffed with physician extenders, such as nurse practitioners and physician's assistants, would increase the effectiveness of health care in the area.

#### Ashland City, Tennessee

As stated earlier, although residents of Ashland City are about one hour's drive from the Vanderbilt Medical Center, the doctor-patient ratio of their county is 1:15,400. With the support of the local churches and county school board, the ASHC held a two week Health Fair in the Ashland City Grammar School. In the ten days of exams six hundred people were examined. Like the other communities, the health problems uncovered included: immunization deficiencies, hypertension, diabetes, obesity, vision and hearing problems, cystitis and abnormal Pap smears. A number of abnormal electro-



cardiograms were also picked up. A lady with atrial fibrillation, another with sinus tachycardia and a child with a pathologic heart murmur were all referred to Vanderbilt Medical Center for further evaluation and treatment.

Because the medical team did not arrive in Ashland City until the beginning of July, community organization was slightly behind the other sites visited. This does not refer to the ASHC community organizers, Winn Chatham and Susan Chernoff, who were faced with the most challenging job of the community organizers, since organization in Ashland City did not start until very late in spring, but the fact that the Health Fair did not come until July. Every year each community organizer witnesses the change in attitude of the community that was discussed earlier. Before the Health Fair skepticism is high and local residents are reluctant to rally behind something they know so little about. However, after the Health Fair, the respect for the work of the Coalition results in greatly increasing the credibility of the community organizers and community people begin to open up and discuss the local problems and desired solutions. Therefore, although the community organizers had held meetings to discuss the logistics of the Health Fair, the first large public meeting to discuss alternative solutions to improving health care in the area was not held until the beginning of August. At this time community interest in improving health care ignited. Much discussion arose concerning various alternatives including building a community health clinic and recruiting a United Health Service Corps physician. Another feasible alternative is approaching the Vanderbilt University Primary Care Center which is just beginning



to take shape. Vanderbilt plans to develop a multidisciplined center which will provide primary health care services to rural communities in roughly a fifty to one hundred mile radius. Although this center is still in the early stages of development, work by the Coalition in establishing community health clinics which could utilize the personnel and resources of the center in years to come is a very feasible alternative to dealing with the health care needs of rural towns which are close enough to a tertiary health care center, but in great need of primary health care providers. Laurel Cassidy, a registered nurse who worked with the ASHC as a medical examiner last summer, was able to obtain funding from the American Medical Student Association to carry on the work of community organizing in Ashland City.

The prospect of returning to Ashland City to do a Health Fair in the summer of 1978 should be considered by the new co-directors. The concern and commitment of the local residents, although just in neonatal stages this fall, is very promising. It is hoped that the work of Ms. Cassidy will help the community formulate some short and long term goals which will enable the Coalition to intervene appropriately.

### Special Projects

As stated earlier, the Special Projects sponsored by the ASHC resulted from expressed communities' needs. There is always a need for these projects; however, the ASHC often has to turn communities down because of our decreased budget. Hopefully, next year there will be more funds available for special projects.



### Health Careers Counseling

In the spring of 1977, John Long, a first year medical student, and Cliff Possman, a premedical student, developed a booklet describing health related careers and the high school and college preparation necessary for these careers. They traveled to high schools in Clairborne and Polk counties to discuss the preparation for and roles of over one hundred health related careers. The names of students interested in particular careers were given to the Tennessee Hospital Association who will forward these names to appropriate training institutions. The response by students and the gratitude of the high school administrations confirm the need for further work in the community schools by ASHC members. Visiting a community in the spring to discuss health careers could also be very beneficial in terms of support and participation by high school students. In the past they have been extremely helpful in publicity, registration, heights, weights, etc., and the true impact of the exposure of these students to preventive medicine and future health professionals is yet to be seen.

### Health Education in Primary Care Clinics

In response to the number of requests for health education from the existing clinics in East Tennessee, Barb Konkle, a second year medical student at Vanderbilt, coordinated resources to meet that need. Barb lived in East Tennessee for the summer visiting primary health care clinics that the ASHC started years ago. She worked a few days each week as a medical examiner in order to familiarize herself with the most common health problems in the area. She then researched the various agencies involved with health



education and compiled a manual listing all available resources. This manual was distributed to the primary care clinics in East Tennessee. In addition to this, she worked with interested residents of the counties in organizing a First Aid class at the health clinic in Petros. This class was held during the latter part of the summer. She also helped organize a cardio-pulmonary resuscitation course, which, hopefully, will be offered in the clinics this fall.

The role of health education in preventive medicine is primary. Barb's work of compiling resource data for the community clinics was very worthwhile. However, we feel that in-depth health education should be tied in with the health fair or follow-up, hopefully, in the form of informal counseling, as well as formal classes. This would enable people of the community with similar problems to come together and discuss their health needs and possible solutions.

#### Nutritional Counseling in Meadowview

As a result of the encouragement of the Washington County Health Collective and People, Inc., a nutrition graduate of Rutgers University, Ellen Weiss, was sent to Meadowview, Virginia, to assist in prenatal diet counseling and other nutritional counseling requested by members of the community. Just as the turnout of pregnant women at the Health Fair was poor, so was the turnout at Ellen's initial nutrition class. As a result of this, Ellen used the weeks before the Health Fair to help make preparations in the community for the arrival of the medical team. During the Health Fair, medical examiners referred adults and parents of children who needed nutritional



counseling for obesity, diabetes, hypertension, hypercholesteremia, ulcers, malnutrition, and iron deficiency anemia. Ellen would go over food groups and meal plans that would help improve their conditions and prevent further complications.

The value of having a nutritionist at the Health Fair was evident to all the medical examiners who unanimously recommended that provision for a nutritionist be included in next year's project. To send such a person into a community without specific preparation was an injustice to Ellen and an inefficient use of her skills. We recommend that next year a nutritionist be part of the traveling medical team so that good nutritional counseling can be given to the patients at the Health Fairs. During follow-up groups of individuals with similar nutritional needs could meet for a class. All in all, the counseling of a nutritionist is a very vital part of primary health care.

#### Water Testing and Strip Mining Research

The concern of citizens in Marion County, Tennessee in response to the increase in strip mining in the area led the ASHC to sponsor an undergraduate student at the University of the South to evaluate the effects of strip mining on the streams of the area. John Henry Looney is a resident of Marion County and with the financial backing of the ASHC and the support of Save Our Cumberland Mountains (SOCM), an organization of concerned citizens which lobbies for stricter anti-strip mining legislation, he used simple but accurate tests to evaluate changes in local streams. John Henry used techniques developed by David Wilson, a professor of physical chemistry at Vanderbilt University. The project was such a large undertaking that data is



still being compiled. A valuable outcome of this project and the work of members of SOCM, George Briosi, in particular, is the formation of an environmental research group at the University of the South in Sewanee, Tennessee. Hopefully, the interest of these students will result in further documentation of the effects of strip mining on the surrounding natural resources and the implication of these effects on the health of local residents.

#### Coal Taxation Research

In the past research done by ASHC members has been very beneficial to communities in forcing absent landowners, holding companies and coal companies to pay the land, mineral and severance taxes due to certain counties in East Tennessee. In 1977 Marcia Simmons, a second year law student at Vanderbilt's Law School, did extensive research on the leases of various coal companies working in Marion and Sequatchie counties in southeastern Tennessee. The tedious nature of this work prohibits definitive conclusions at this time. However, the information she compiled will be useful to concerned citizens in the area and the SOCM organizations. Future support of researchers in this area is necessary to ensure that the counties will receive their rightful monies.

#### Research of Land Taxation and Revenues Available for Education in Polk County, Tennessee

The concerns of a few local citizens regarding terms of the contract between Cities Services and the town of Copperhill led the ASHC to sponsor John Vail, a first year law student at Vanderbilt, to work in the area. John spent a good deal of time with the concerned residents in identifying the problem areas of the contract.



When Cities Services first signed a lease with the town of Copperhill, the revenues of the thirteenth township were earmarked for education. Since the plants of Cities Services lie in this thirteenth township, the town residents are concerned that Copperhill is not receiving the rightful monies it is due. The complexity of this problem lies in the terms of the lease between Cities Services and Copperhill. To even approach this problem, local residents must understand the exact implications of the terms of the lease. With this grasp of the situation they can begin proceedings to rectify the situation. The research done was quite extensive and the information uncovered was brought to the attention of a core group of local citizens so that continued research can be done. In particular, John worked closely with a local law student who is committed to finding a solution to this problem. The information gathered from John's research was passed on and effective routes of intervention were discussed in depth. The work accomplished by this Special Project will, hopefully, lead to community awareness regarding the above-mentioned lease and the beginning of community action to see that the town receives its rightful revenues for education.



V. OVERVIEW

The effectiveness of the ASHC in initiating change in the communities, the careers of students and the outreach of the University is reflected in a look at its accomplishments in the past nine years. The work of the ASHC has resulted in:

--fifty-five Health Fairs in forty communities in rural Tennessee, Kentucky, Virginia, which have provided free physical examinations to more than 30,000 people.

--twenty-four of the forty communities now have their own health council; seventeen of these health councils are presently operating their own health clinics, or are nearing completion of a health clinic.

--created and maintained a long term student run project that has offered a unique educational experience to more than 550 students from all over the country.

--influenced the career plans of many participants and has been influential in the return of many Vanderbilt graduates to rural areas to practice medicine or nursing or offer other skills to the communities.

--promoted the addition of several graduate and undergraduate programs and courses to Vanderbilt University: Pediatric Physical Diagnosis; Urban Health Problems; Continuing Education in Primary Care; Nurse Practitioner Preceptor Program; Aging: Assumptions, Problems and Experiences.

--transferred skills such as grant writing and water testing to local community groups so that their autonomy and protection might be preserved.



care--catalyzed the formation of two other Health Coalitions with similar philosophies at the University of Alabama and Emory University with the Medical College of Georgia. Most of the--contributed to the creation of the Center for Health Services, a group of community people, students and Vanderbilt faculty who work together to identify problems and formulate solutions in the area of health care improvement and community development. In keeping with these accomplishments, the work of the ASHC in 1977 was effective in identifying work related problems in Copperhill, increasing utilization of the clinics at Clairfield and Frakes and stimulating community organization around health care delivery problems in Meadowview and Ashland City. The work accomplished by the Special Projects workers and passed on to local community groups has the potential for effecting major changes in the well being of members of the community. The work begun by community organizers in Meadowview and Ashland City resulting in the formation of community Health Councils is a major accomplishment which will move the communities closer to a solution of their health care problems.

To draw definitive conclusions at this time is premature. Community development at the end of the summer was in its neonatal stage of development, and the true impact of this summer's work will be seen in the next five years or so.

One of the main problems students have to deal with as a result of their work with this project is frustration from the lack of immediate changes in the communities. Five years to a student is a long time. In that amount of time we earn a degree and begin a



## V. BUDGET: APPALACHIAN STUDENT HEALTH COALITION

career. Surely, we often think, a community can affect radical changes in that time. As is obvious from our records, many communities have. But those changes did not happen in three months. Most of the communities with clinics took three years to establish them. It is important that evaluators understand the concept of time of the communities. It is imperative that the initial impact of the three months of intensive work by the ASHC be incorporated into the local time framework so that true and lasting changes may be effected. The fact that ASHC members must return to school in the fall reinforces the need of encouraging local leaders to assume the responsibility of further community development. Often the ASHC sends one or two students back the following summers to assist the Health Council in technical matters necessary for starting a clinic. However, there is also the need of assistance during the year. Since students are primarily involved with studies during this time and a sixteen hour round trip to a community is not feasible, the ASHC aims for a closer working relationship with the Clinic Development Project (CDP). Although this project is still getting on its feet in funding and staffing, it seems that it will be the necessary link in effective long term follow-up. The ASHC can continue its work of initiating community organization around health care problems and the CDP will offer the year round technical assistance necessary for effective community development.

The effect of the ASHC on the careers of students who worked in 1977 is also still undetermined. However, the feedback from all the students is very encouraging. The clinical exposure to rural medicine and primary health care afforded by this project is

\*This project was cancelled and funds were channeled to six other special projects.



# V. BUDGET: APPALACHIAN STUDENT HEALTH COALITION

1976-1977

## A. Health Fairs

### \*Stipends:

One General Practitioner	11 weeks	@	\$150/week	\$ 1,650
One Pediatrician	11 weeks	@	\$150/week	\$ 1,650
12 medical students	11 weeks	@	\$100/week	\$ 13,200
12 nursing students	11 weeks	@	\$100/week	\$ 13,200
8 liberal arts students	11 weeks	@	\$100/week	\$ 8,800
2 law students	11 weeks	@	\$100/week	\$ 2,200
2 student co-directors	11 weeks	@	\$100/week	\$ 2,200

### Transportation:

25 cars	3000 miles	@	\$0.08/mile	\$ 6,000
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### Telephone:

One extension	12 months	@	\$250/month	\$ 3,000
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### Supplies:

Odoscopes, Vaccines, educational literature, lab analyses				\$ 2,000
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### TOTAL

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 \$ 53,900

## B. Special Projects

### \*\*Recreational Assistance

Two Coalition workers	11 weeks	@	\$100/week	\$ 2,200
Supplies (sports and painting equipment)				\$ 500

### Rights and Benefits Counseling

Two law students	11 weeks	@	\$100/week	\$ 2,200
Transportation (1 car)	1000 miles	@	\$.08/mile	\$ 80
Telephone (1 extension)	1 month	@	\$ 60/month	\$ 60

### TOTAL

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 \$ 5,040

## C. Site Development, 1977-78

Two student co-directors	40/weeks	@	\$ 35/week	\$ 2,800
Transportation (1 car)	10,000/mi.	@	\$.08/mile	\$ 800

### TOTAL

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 \$ 3,600

### TOTAL: ALL PROJECTS

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 \$ 62,540

\*Because of decreased funding, students were only paid \$50/week.

\*\*This project was cancelled and funds were channeled to six other Special Projects.



1977 Summer Schedule  
Appalachian Student Health Coalition

- May 22 Be In Nashville; we will meet at 7:30 p.m. at the Center for Health Services, Vanderbilt Campus
- May 23-26 Medical Orientation in Nashville; Community workers in their respective communities
- May 27 Everyone meet by 6 p.m. at Fall Creek Falls State Park, which is about 25 miles from Pikeville on Highway 30
- May 27-29 Weekend Orientation at Fall Creek Falls; we will discuss the history of the Coalition, the politics of rural health, the situation in each community, the organization of the health fairs, etc. We will also have time for swimming, playing volleyball, square dancing, etc.
- May 29 Travel to Copperhill that afternoon
- May 30, 31 and June 1-10(11) COPPERHILL HEALTH FAIR
- June 12 Travel to Clairfield
- June 13-18 CLAIRFIELD HEALTH FAIR
- June 19 Travel to Meadowview, Va.
- June 20-30 and July 1 MEADOWVIEW HEALTH FAIR
- July 2,3,4 Take a Break--for camping, visiting, whatever
- July 5 Travel to Ashland City
- July 6-15 ASHLAND CITY HEALTH FAIR
- July 16-17 Leadership Meeting at Highlander Center in New Market, Tenn.; next year's leaders will be elected at this meeting; follow-up procedures will be discussed
- July 18 Travel to Copperhill
- July 18-23 Follow-up in Copperhill
- July 24 Travel to Meadowview
- July 25-30 Follow-up in Meadowview
- July 31 Travel to Ashland City
- August 1-5 Follow-up in Ashland City
- August 6-7 Final Days; we will meet at the Center for evaluation, inventory...



definitely unique and is offered nowhere else in the University experience. The training and roles of the ASHC members result in a true working relationship among all members of the health care team. Medical and nursing students are given equal responsibilities. Both groups of students are trained to take full medical histories and perform complete physicals including pelvic exams and Pap smears and pediatric exams. Each student is encouraged to assess the problems and discuss his/her conclusions with the preceptor. This unique experience truly fosters the working relationship necessary among health professionals in primary health care. The students are exposed to the responsibilities they will have as nurse practitioners and the medical students are exposed to the need for physician extenders. The work of the law students results in increased awareness by the entire ASHC staff of the need for investigation into available resources to assist community members in obtaining good health care. The medical team learns that identifying that a child needs glasses is only half of the solution to his problem; helping to find agencies which can assist in the families' financial needs is the other half of the solution. Work by special project workers reveals that the solution to improve health is not merely the erection of a clinic. If the community's water supply is contaminated or if the community is barely keeping its schools opened, then intervention in these areas is just as necessary, if not more so, to ensure the well being of the community members.

The effect of the ASHC on the educational institutions of the south continues to grow. Medical schools are becoming more aware of the need to educate future health professionals in the field of



preventive medicine. Universities are seeing the lack of actual exposure of students to the problems in our society. A semester of sociology dealing with rural problems can not hold a candle to a month's experience of living and working side by side with community people. Respect for the ASHC project and interest in starting similar projects has resulted in the formation of student projects at the University of Alabama and Georgia. In 1977 the ASHC's co-directors spent much time discussing the philosophy, objectives and problems with interested students from Duke University and the University of Texas. Hopefully, this information coupled with exposure to the work of the ASHC in the communities will assist these students in forming similar organizations at their schools. Thus, the desire of students for an education that prepares them for dealing with real problems will continue to be offered by our universities.

From year to year the specifics of our project change, but the ASHC philosophy remains the same. In 1976-77 the ASHC continued its commitment to community organization, student experience and university outreach.



# 1976-1977 The Appalachian Student Health Coalition

## Co-Directors

Chris Smith (Vanderbilt University School of Medicine)  
 Nancy Smith (Vanderbilt University School of Nursing)  
 Sam Peabody (Graduate School, Peabody College)

## Medical Students

From the Vanderbilt University School of Medicine:

Mark Smith  
 Linda Smith  
 David Smith  
 Laura Smith  
 Jeff Smith  
 John Smith  
 David Smith  
 William Smith  
 John Smith  
 David Smith (University of Missouri)

## APPENDIX

From the Vanderbilt University School of Nursing:

Mark Smith  
 Linda Smith  
 David Smith  
 Laura Smith  
 Jeff Smith  
 John Smith  
 David Smith  
 William Smith  
 John Smith  
 David Smith (University of Missouri)

Laurel Cassidy (Rush University, School of Nursing)

## Health Fair Lab Work

Ann O'Brien (University of Notre Dame)

## Health Fair Registration

Kerry Hayes (Yale University)  
 Paul Spadaro (Duke University)

## Law Students (Rights and Benefits Counseling)

Candy Cullen (University of Tennessee)  
 Mike Schaefer (University of Virginia)



Staff of the Appalachian Student Health Coalition  
1976-1977

Co-Directors

Genie Bailey (Duke University School of Medicine)  
Marion Fitzsimmons (Vanderbilt University School of Nursing)  
Bette Shulman (Graduate School, Peabody College)

Medical Examiners

From the Vanderbilt University School of Medicine:

Mark Briel  
Linda Danieu  
Steve Hanor  
Laurel Rose Hoffmann  
John Long  
Jeff Morgan  
Lynn Van Antwerpen  
Darrell Williams  
Trish Woodall  
George Fuchs (University of Missouri)

From the Vanderbilt University School of Nursing:

Marty Baither  
Leigh Damon  
Barbara Love  
Libby Oldfield  
Lori Rioux  
Molly White  
Alden Willard

Laurel Cassidy (Rush University, School of Nursing)

Health Fair Lab Work

Annie O'Brien (University of Notre Dame)

Health Fair Registration

Kerry Sayers (Yale University)  
Paul Sperduto (Duke University)

Law Students (Rights and Benefits Counseling)

Candy Culin (University of Tennessee)  
Mike Schewel (University of Virginia)



Community Organizers

Susan Chernoff (Duke University)  
Winn Chatham (Vanderbilt University)  
Jeannie Jackson (University of Virginia)  
Dave Morrow (Vanderbilt University)  
Ellen Weiss (Rutgers University)

Special Projects

Barb Konkle (Vanderbilt University)  
John Long (Vanderbilt University)  
John Henry Looney (University of the South)  
Marcia Simmons (Vanderbilt University)  
John Vail (Vanderbilt University)  
Ellen Weiss (Rutgers University)



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Community Organizations

Susan Chernoff (Duke University)  
Winn Chatham (Vanderbilt University)  
Jeanne Jackson (University of Virginia)  
Dave Morrow (Vanderbilt University)  
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MAY 18 2006	7/9/07	JUN 2 1 2011	AUG 1 4 2011
SEP 22 2006	MAY 25 2006	JUN 2 2 2011	Aug 17 2011
SEP 24 2006	MAY 26 2006	JUN 2 3 2011	CT 2 5 2011
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MAR 16 2007	JUN 0 8 2011	JUN 2 5 2011	1/28/16
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APR 07 2007	JUN 10 2011	JUN 27 2011	
APR 08 2007	JUN 11 2011		
APR 09 2007	JUN 12 2011	AUG 07 2011	
APR 10 2007	JUN 14 2011	AUG 08 2011	
APR 28 2007	JUN 15 2011	AUG 09 2011	
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JUL 06 2007	JUN 17 2011	AUG 11 2011	
JUL 07 2007	JUN 18 2011	AUG 12 2011	
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MAR 06 2006	OCT 13 '10		
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APR 02 2006	OCT 16 '10		
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AUG 11 2006	OCT 19 '10		
AUG 12 2006	OCT 20 '10		
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August 1977.

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J. Owens - 324 Light

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